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Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Statement submitted by the Global Alliance for Women's Health, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31 of 26 July 1996.

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The Global Alliance for Women's Health (GAWH), a non-governmental organization in special consultative status with the Economic and Social Council, is committed to advancing women's health in all stages of life and at all policy levels through health promotion, education, advocacy and programme implementation. The guiding principles of GAWH are as follows:

(a) Women's health is not exclusively reproductive but a continuum from infancy through old age;

(b) Women's health is under serviced and underattended throughout the world;

(c) Long-term initiatives and commitments are needed in order to forge alliances and collaborative programmes across the globe;

(d) Partnering among non-governmental organizations, governmental and intergovernmental organizations, the private sector and academic institutions is necessary in order to provide effective health care and research for women everywhere.

Since its founding in 1995, GAWH has organized and facilitated more than 60 health caucuses attended by more than 1,000 non-governmental organizations, which have aggregated and articulated language to reflect these principles. This language was successfully incorporated in the 17 pages of the Beijing Platform for Action which relate to health (as well as in later documents adopted at Copenhagen, Istanbul and Jakarta) and which the Commission reviews annually for the Economic and Social Council.

In addition, to advance women's lifespan health, GAWH has:

(a) Written and distributed over 50,000 brochures, newsletters and international biographies on women's health research and the women's health compendium (in four languages) throughout the world;

* E/CN.6/1999/1.

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(b) Initiated the United Nations NGO Health Committee in 1996 and was elected chair in 1997;

(c) Sponsored and co-sponsored more than 20 panels, round tables and symposia on a variety of health policy issues, including industry investment in women's health, complementary medicine, depression and women, and men as partners in women's health;

(d) Issued publications, including a report on the Global Round Table on Women's Health throughout the Life-Span; *Depression and the Mature Woman: A Multicultural Perspective*; Trachoma: A Woman's Health Issue (in French and English, with a second English edition); and most recently, with the United Nations NGO Health Committee, a report on the Drug Donation Round Table;

(e) Promoted and facilitated intersectoral exchanges on women's health among the United Nations community, Governments, the private sector and non-governmental organizations;

(f) Undertaken a campaign to gather country support for a draft resolution for the United Nations General Assembly concerning women's health throughout the lifespan, which has received endorsements from more than 100 people from 70 organizations in over 30 countries.

Because this year, the meeting of the Commission on the Status of Women has, for the first time, "women and health" as its major agenda item, the Global Alliance for Women's Health would like to draw the attention of the Commission to some emerging women's health issues for the twenty-first century. GAWH believes that ignoring these areas will have catastrophic consequences for women's health.

Women and tobacco[1]

As smoking decreases in the West, tobacco companies are searching for new markets in developing countries, especially among women. At present, 42 per cent of men and 25 per cent of women in the industrialized world smoke, while 48 per cent of men and only 7 per cent of women in the developing world smoke. However, increases in smoking by males are usually followed by a rise in tobacco use by women. In many countries, smoking among female adolescents is rising faster than that of their male counterparts.

In addition to all of the health risks smoking brings to men, some consequences are gender-specific. Women are also at risk for:

(a) Premature menopause and osteoporosis;

(b) Impaired fertility;

(c) Increased risk of cervical cancer;

(d) Prenatal and neonatal complications in babies;

(e) Suspected differences in the onset and duration of smoking-related lung cancer, which kills women at a much higher rate than breast cancer, and heart disease;

(f) Higher risk of stroke for women on birth control pills and hormone replacement therapy.

Female deaths attributable to tobacco are 500,000 per year and increasing; at current levels of smoking, the projected increases in smoking deaths will be 1 million women annually by the year 2020. Already strained public health systems will not be able to cope with the health consequences of this epidemic. United Nations agencies, private organizations, and Governments are spending billions of dollars for the eradication of contagious and non-contagious diseases, only to face this new but totally preventable public health disaster. From any point of view, from the individual who smokes, the family of a smoker and society, there are no benefits to ignoring the epidemic. The exploitation by tobacco companies of young women in developing countries must be prevented.

Mother to child transmission of human immunodeficiency virus/acquired immunodeficiency syndrome[2]

In 1998, AIDS deaths totalled 2.5 million, putting the disease among the top five killers in the world. Sub-Saharan Africa is home to 70 per cent of the new AIDS cases and 80 per cent of AIDS deaths in the past year. Data from 1997 shows that 20 to 50 per cent of pregnant women in southern Africa were infected and that at least one third were likely to pass the infection on to their babies. In addition, data show that the spread of HIV in Asia is growing at an alarming rate.

As part of the fight against the spread of HIV/AIDS, policies and guidelines for mother to child transmission (MTCT) of the disease are being developed by the joint and co-sponsored United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and the United Nations Children's Fund. GAWH is concerned that the debate and formulation of these guidelines and policies include assessments of their equity, human rights and ethical dimensions. To that end, GAWH believes that HIV/AIDS treatment and education should reflect the right of women

to make an informed choice with regard to HIV/AIDS treatment and programmes and that the following information should be acknowledged:

(a) MTCT is the largest source of HIV/AIDS infections in children under 15;

(b) Ninety per cent of children under 15 are in Africa, where a high infection rate in women and a high fertility rate will keep this number high;

(c) MTCT contributes substantially to rising child mortality rates from all causes in many countries;

(d) MTCT is reduced by one half to two thirds when some form of azidotimidine (AZT) treatment is combined with formula feeding.

Cardiovascular disease[3]

Heart disease and stroke account for close to 60 per cent of all adult female deaths in a typical developed country and are also the major cause of death in women aged 50 and above in developing countries. GAWH urges the Commission to include the following information in its recommendations:

(a) As noted above in the section on tobacco, smoking and heart disease are related. If a woman smokes, the single most important thing she can do to protect herself against heart disease is to stop smoking;

(b) Although heart disease is regarded as a "man's disease", coronary heart disease and stroke are the major causes of death and disability in ageing women;

(c) Women have heart attacks later than men but have less of a chance of surviving them, receive less aggressive diagnostic intervention and treatment and manifest different symptoms.

Depression[4]

Because depression will be among the top three causes of the burden of disease by the year 2000, GAWH urges the Commission to support efforts to examine the impact of cultural values and traditions on the diagnosis and treatment of depression in women. As GAWH has noted in its publication, *Depression and the Mature Women: A Multicultural Perspective*, it is necessary to expand the understanding of depression as a discrete disease and as a disease that is triggered and/or coexists with other conditions such as trauma, diabetes and heart disease.

Notes

[1] Statistics from the World Health Organization, fact sheet No. 176, August 1997 "Smoking and women: the next wave of the tobacco epidemic".

[2] United States Agency for International Development, LINKAGES Program (Washington, D.C., Office of Health and Nutrition).

[3] World Health Organization, *World Health Report, 1998*, (Geneva).

[4] Elaine M. Wolfson, ed., *Depression and The Mature Woman: A Multicultural Perspective*, Global Alliance for Women's Health, annual spring forum 1997.